Drug/Device		APL		Prior
Code	HCPCS Description	Code	Description	Approval
J3490	Remicade	99.29	Injection or infusion of other therapeutic or prophylactic substance	No
J1565	Respigam	99.29	Injection or infusion of other therapeutic or prophylactic substance	Yes
J3364	Abbokinase 50,000 IU vial	99.10	Injection or infusion of thrombolytic agent	Yes
J3365	Abbokinase 250,000 IU vial	99.10	Injection or infusion of thrombolytic agent	Yes
J7310	Vitrasert	14.71	Removal of vitreous, anterior approach	Yes
		14.79	Other operations on vitreous	Yes
C1721	Cardioverter-defibrillator, dual chamber (implantable)	37.94	Implantation or replacement of automatic cardioverter/defibrillator, total	No
		37.96	Implantation of automatice cardioverter/defibrillator pulse generator only	No
		37.98	Replacement of automatic cardioverter/defibrillator pulse generator only	No
C1722	Cardioverter-defibrillator, single chamber (implantable)	37.94	Implantation or replacement of automatic cardioverter/defibrillator, total	No
	()	37.96	Implantation of automatice cardioverter/defibrillator pulse generator only	No
		37.98	Replacement of automatic cardioverter/defibrillator pulse generator only	No
C1785	Pacemaker, dual chamber, rate- responsive (implantable)	37.80	Insertion of permanent pacemaker, initial or replacement, type of device not specified	No
	responent (implantable)	37.83	Initial insertion of dual-chamber device	No
		37.87	Replacement of any type pacemaker device with dual- chamber device	No
C1786	Pacemaker, single chamber, rate-responsive (implantable)	37.80	Insertion of permanent pacemaker, initial or replacement, type of device not specified	No
		37.81	Initial insertion of single-chamber device, not specified as rate responsive	No
		37.82	Initial insertion of single-chamber device, rate responsive	No

Drug/Device		APL		Prior
Code	HCPCS Description	Code	Description	Approval
		37.85	Replacement of any type pacemaker device with single-	No
			chamber device, not specified as rate responsive	
		37.86	Replacement of any type pacemaker device with single-	No
			chamber device, rate responsive	
C1882	Cardioverter-defibrillator, other	37.94	Implantation or replacement of automatic	No
	than single or dual chamber		cardioverter/defibrillator, total	
	(implantable)	27.06	Implementation of outcomption pardiculartor/defibrillator pulse	Ma
		37.96	Implantation of automatice cardioverter/defibrillator pulse	No
		37.98	generator only Replacement of automatic cardioverter/defibrillator pulse	No
		37.30	generator only	NO
C2619	Pacemaker, dual chamber, non	37.80	Insertion of permanent pacemaker, initial or replacement, type	No
0=0.0	rate-responsive (implantable)		of device not specified	
	, , , , , , , , , , , , , , , , , , ,	37.83	Initial insertion of dual-chamber device	No
		37.87	Replacement of any type pacemaker device with dual-	No
			chamber device	
C2620	Pacemaker, single chamber, non	37.80	Insertion of permanent pacemaker, initial or replacement, type	No
	rate-responsive (implantable)		of device not specified	
		37.81	Initial insertion of single-chamber device, not specified as rate	No
			responsive	
		37.85	Replacement of any type pacemaker device with single-	No
00004	5	07.00	chamber device, not specified as rate responsive	Ň.
C2621	Pacemaker, other than single or	37.80	Insertion of permanent pacemaker, initial or replacement, type	No
E0740	dual chamber (implantable)	70.00	of device not specified	Voc
E0749	Osteogenesis stimulator, electrical, surgically implanted	78.90	Insertion of bone growth stimulator, unspecified site	Yes
	electrical, surgically implanted	78.91	Insertion of bone growth stimulator, scapula, clavicle, and	Yes
		70.51	thorax (ribs and sternum)	103
		78.92	Insertion of bone growth stimulator, humerus	Yes
		78.93	Insertion of bone growth stimulator, radius and ulna	Yes
		78.94	Insertion of bone growth stimulator, carpals and metacarpals	Yes
		78.95	Insertion of bone growth stimulator, femur	Yes
		78.96	Insertion of bone growth stimulator, patella	Yes

Drug/Device		APL		Prior
Code	HCPCS Description	Code	Description	Approval
		78.97	Insertion of bone growth stimulator, tibia and fibulas	Yes
		78.98	Insertion of bone growth stimulator, tarsals and metatarsals	Yes
		78.99	Insertion of bone growth stimulator, other	Yes
E0756	Implantable neurostimulator pulse generator	02.93	Implantation of intracranial neurostimulator	Yes
	·-	03.93	Insertion or replacement of spinal neurostimulator	Yes
		04.92	Implantation or replacement of peripheral neurostimulator	Yes
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	86.06	Insertion of totally implantable infusion pump	Yes
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	86.06	Insertion of totally implantable infusion pump	Yes
L8614	Cochlear device/system	20.97	Implantation or replacement of cochlear prosthetic device, single channel	Yes
		20.98	Implantation or replacement of cochlear prosthetic device, multiple channel	Yes
L8619	Cochlear implant external speech processor, replacement	20.97	Implantation or replacement of cochlear prosthetic device, single channel	Yes
		20.98	Implantation or replacement of cochlear prosthetic device, multiple channel	Yes
L8699	Prosthetic implant, not otherwise specified	86.66	Homograft to skin	No
L8699	Prosthetic implant, not otherwise specified	86.69	Other skin graft to other sites	No